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## A CLINICAL LECTURE.

### *ADDISON'S DISEASE.*

DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

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[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: This man, living in one of the northern counties of this State, and a deer-hunter by occupation, exposed to all kinds of hardship, was sent to me last June. The diagnosis of the disease has already been made, and the question for which he was referred to me was what was the wisest plan to pursue in this disease, the history of which is so unfavorable.

The story of the case is about as follows: He is 27 years of age, married, with a healthy family, was born and has always lived in the mountains of Pennsylvania. He has worked hard, and often when in the woods hunting or lumbering with men stronger than himself, has overtaxed his strength, and on one occasion hurt his back so badly as to lay him up for a week or so. He would often wrench his back in lifting heavy articles. He drank a little whiskey, smoked a little, chewed to excess, and ate his meals rapidly, but for a man in his position his habits have been very good. He has never had syphilis, and has never been exposed to such depressing influences as worry and anxiety. There is no inherited family predisposition. He has had the ordinary diseases of childhood, and was always well until the age of twelve years. At that time his stomach began to trouble him, and he noted that indiscretions in diet would cause dyspepsia with its usual symptoms, which would disappear when the diet was regulated. As he grew older these symptoms of dyspepsia became more frequent and troublesome, and were often associated with spells of diarrhœa and colicky pains in the abdomen. Between the attacks the bowels were regular. Thus we see a sensitive system and particularly a sensitive digestive system, placed under circumstances very adverse to it.

For the past six years his strength has gradually failed, and during the past year he has been unable to follow his usual avocation. His flesh has been well preserved until six months ago, since which time he has lost ten pounds. For three or four years, he has had a pain between the shoulders which, however, has not been very troublesome. During the past few months the dyspepsia has been more constant and more troublesome, and in addition there has been a continual distress and pain across the stomach running through to the back. There has never been spells of vomiting with the dyspeptic symptoms, and during all this time the appetite has been uniformly good.

Two and a half years ago, he noticed that his color was darker than natural. This he attributed to exposure to the sun, and during the following winter the discoloration grew less distinct, but it returned with the return of spring, and last winter, instead of growing less, the color became more intense. At present he thinks that the color of the cheeks is lighter than it was six months ago. The general condition has failed no more rapidly since

the appearance of the discoloration than it did before. At the age of twenty the hair began to turn gray.

He is now apparently a well-nourished man, with dark brown hair sprinkled with gray. The pupil of the right eye is a trifle larger than that of the left, but this is probably physiological. He takes very little interest in anything but his family, and when away from home he suffers acutely from home sickness. Last spring he came to the hospital to stay, but ran off in twelve hours, stating that he could not stand the place. His mental condition is good, and he sleeps well. The tongue is moist with only a little yellow coat. After eating he has a feeling of fulness in the stomach and has a dull pain across the pit of the stomach and through into the back. This is aggravated by the presence of food, and is sometimes sufficiently severe to keep him awake. There is no tenderness, no nausea or vomiting. The bowels are costive, and since being more careful in his habits, he does not have spells of diarrhœa as frequently as formerly. He has great weakness and a feeling of excessive muscular debility, and any exertion produces breathlessness, palpitation of the heart and complete prostration. There are occasionally attacks of palpitation and short-breathedness even without exertion.

The whole surface of the body is darker than natural, the discoloration being most marked on the face where it extends from a little under the roots of the hair, down over the neck to the line of the collar, and the backs of the hands extending to above the wrists where the color is at least as dark as the complexion of a mulatto. It, however, has not the yellow tinge of the mulatto, but is more of a mahogany tint as though stained with walnut juice. It is not uniform, but is distributed in patches with little intervals of lighter colored skin. It is not at all affected by pressure, and is not bounded by a sharp line of demarcation, but fades somewhat gradually into the surrounding skin. The lighter colored skin is somewhat darker than the average. There is no swelling. The whole surface of the body is darker than usual, and as he states that it is darker than it used to be, we may say that it is darker than normal. He states that the color deepens as the surface becomes cold. The finger nails are of the ordinary tint and contrast strongly with dark fingers. The mucous membrane of the inside of the lips is darker than natural and scattered over it are irregular, sharply defined purplish patches.

An examination of the blood was made yesterday by Dr. William E. Hughes, to whom I owe this admirable history which entirely agrees with the one which I elicited six months ago. The number of red globules is 5,130,000 to the cubic millimeter. This is almost up to the standard, which is 5,500,000. There are 9000 white corpuscles to the c.m. or 1 to 560 red. The red globules are a trifle smaller and a little paler than normal, and some of them are deeply pigmented. The white are normal in size, some contain pigment granules and some are deeply pigmented. There are also some free pigment granules.

There is, therefore, from this history no difficulty in making the diagnosis of Addison's disease or supra renal melasma, one of the rarest diseases which will come under your notice, presenting a group of symptoms the recognition of which we owe to the acuteness and breadth of view of Addison, of London, who in the first quarter of this century directed the attention of the profession to this affection in connection with a curious group of apparently causeless anæmias which he was then studying, and to which I shall have occasion to call your attention. He did not succeed in developing all the features of the idiopathic anæmias to which I have referred, but he gave a classical description of the clinical symptoms of this affection, which is so complete that it has not been modified to the present day, and, therefore, the perpetual connection of his name with the disease is justified, if under any circumstances the name of a describer should be permanently used to denote the affection, after we learn its intimate pathology.

I need not point out that this is an extremely chronic affection. Its course after the full development of the symptoms extends from one or two years to eight or ten years. Nor need I say that undoubtedly there is a long period of development, during which we would not even suspect the existence of this disease. We have no idea how long this period may last. When I point out to you the anatomical changes, you will understand that the structural tissue changes of the organs affected may progress with different degrees of activity, and thus there may be completely latent periods or periods marked only by anomalous symptoms of failing health lasting over long periods of time, which cannot

be taken into account, in estimating the duration of the disease, and during which no one would suspect the existence of Addison's disease.

What then constitute the diagnostic features of Addison's disease? In the first place, causeless muscular weakness, which is not explained by loss of flesh, nor by anæmia, nor by any functional or organic disorder which can be detected. An utterly inexplainable muscular weakness. This must be taken as almost the most characteristic feature of the disease. It is marked from an early period of the affection. As the disease progresses it reaches a degree which I have never seen equalled in any other affection. I have seen patients suffering with Addison's disease, who could not be persuaded to lift their hand from the bed. They would lie perfectly contented and quiet, suffering no pain, but the slightest muscular exertion seemed like a mountain to move. If they did make the slightest exertion, it was followed by such extreme prostration, such palpitation and such breathlessness, as to discourage them from repeating the attempt. This weakness advances with different degrees of rapidity in different cases, sometimes rapidly and sometimes slowly. You can watch from month to month, or quarter to quarter, or year to year, the gradual failure—the dying away of muscular vigor. When you look at a man with a well nourished arm, lying in bed without apparent sickness, taking a reasonable amount of food, with no apparent functional or organic disease, you will understand that this excessive debility is, in truth, a remarkable symptom.

The second symptom which I shall mention, is the occurrence of spells of palpitation and breathlessness, which are partly connected with the muscular weakness and are brought on by exertion, but which also are connected partly with an inherent failure in the innervation of the heart and respiratory muscles, so that occasional spells of palpitation and dyspnœa arise, as has been described in the present instance, without any aggravating cause while the patient is lying quietly.

The third symptom is the existence of spells of unexplainable gastro-intestinal disturbance. I mean by unexplainable, that they are excessive as compared with the slight indiscretion or error in diet which has immediately preceded them. Often they seem explainable by changes of temperature, by exposure, by over-exertion, or by the use of injudicious articles of food, but they are more frequent, more severe, and more obstinate than is explainable from the supposed cause. In this man, the intestinal disturbance has been very marked, not only from the beginning of the disease, but from an early period of life, before the other symptoms of the disease manifested themselves. This may be of importance as bearing on the sensitiveness of system which has gradually developed.

Then comes, and usually not very early in the disease, the discoloration of the skin, by which it is most commonly recognized and which gives several of the most common names to this affection. The change in the color of the skin is, however, neither the most important, the most constant, nor the most characteristic symptom of Addison's disease. Addison's disease may exist without discoloration. Discoloration, indistinct from this, may exist without organic changes in the suprarenal capsules; so that while it is an extremely common symptom of the affection, and is, perhaps, its most marked diagnostic feature, I wish to fix your attention upon the other great clinical symptoms before I bring in the question of this melasma. It is, however, worthy of careful study, because it is very characteristic, usually present and of great diagnostic value. It begins, as a rule, in the face, the parts most affected being those exposed to the air; secondly, those exposed to pressure; and thirdly, those in which naturally there is a marked tendency to the deposition of pigment. Hence the parts most affected are the face, neck, backs of the hands, over the shoulder where the braces have pressed, under the belt of the trousers, and then in the raphe of the perineum, the scrotum, the axilla, and along the linea alba.

Lastly, there is another important diagnostic feature which has been noted in this case, and that is the occurrence of purplish patches on the mouth. The discoloration of the skin varies in intensity from time to time. I have seen in the course of a case of this kind at least twenty marked fluctuations in the depth of the discolorations, these variations sometimes occurring quite rapidly. This man has noticed the occurrence of these changes in his own person. On the whole, the depth of the discoloration increases as the case progresses. The tint of the discoloration differs in different cases, depending somewhat on the original color of the skin. Sometimes it resembles the

color of the yellow races, as the Lascar or mulatto, while at other times it has a more brownish or mahogany tint, the skin looking as though it had been stained with walnut juice. The color of this patient illustrates the average color. It is sometimes bounded by a sharper line of demarcation than is seen here.

Excessive and unaccountable muscular debility, palpitation of the heart, breathlessness, the occurrence of gastric or gastro-intestinal disturbances, and melasma of the skin with patches on the mucous membrane, these pursuing a slow and progressive course over a long period of time constitute the clinical picture of Addison's disease.

This affection is connected with chronic inflammation, running into cheesy degeneration and contraction of the supra-renal bodies. In the early stage of the disease, the bodies are swollen and enlarged and infiltrated with inflammatory exudate and hyperplasia of tissue. Gradually, the organs undergo cheesy metamorphosis, the capsule thickens, the organic portion of the matter is absorbed and the gland shrivels. In places are left calcarious nodules, surrounded by cheesy *débris*, such as is found in old cheesy degenerations. I have seen these changes go on until there was scarcely anything left but an almost entirely calcarious nodule, with some cheesy matter, surrounded with a dense capsule closely adherent to it. With this condition, there is, as would be expected, irritative changes in the neighborhood of these bodies, and the proximity of the supra-renal capsules to the great abdominal ganglia of the sympathetic nerves and the very unusual and remarkably large nervous supply which goes to the capsules, will explain the fact that in a notable proportion of the careful *post-mortem* examinations, changes have been found in the fibres and ganglion cells of the abdominal sympathetic.

The composition of the blood varies much in different cases. Addison called this an idiopathic anæmia, and in a certain proportion of cases the blood corpuscles do increase in number, but on the other hand, in many cases, the corpuscular composition of the blood remains normal throughout the entire course of the case, and the standard of red globules does not fall at all. Even after this long illness, with impaired nutrition, and the frequent attacks of gastro-intestinal disturbance, this man's blood presents almost exactly the normal proportion of red globules. Here there is no relative anæmia. Whether or not there is absolute anæmia, *i.e.*, a decrease in the total amount of blood in the body, is a different question. I think that it is not possible to look at this man without seeing that there is a very decided degree of absolute anæmia, the total amount of blood being greatly lessened. This is an important point to consider, and I think that it bears closely on the explanation of some of the symptoms. In the assertion, based on the microscopical examination of the blood, that anæmia is not a symptom of Addison's disease, this point is overlooked. When I see these pale nails, this disposition to coldness of the surface on trifling exposure, the difficulty in the maintenance of the bodily temperature, which becomes marked as the case advances, and the tendency to palpitation and breathlessness which is such as attends anæmia, I am unable to resist the conclusion, that in a large proportion of cases, there is an absolute anæmia, although the composition of the blood shows no change under the microscope.

The explanation of the symptoms of Addison's disease is to be sought in the connection between these bodies and their rich nervous supply. The symptoms are best explained as due to these slow changes extending over months and years, irritating these sensitive nerve fibres which lie at the very centre of life and which control through their connections the functions of digestion and largely the action of the heart and lungs. Then after a period of nerve tension, during which there are merely anomalous symptoms of failing health, the nerves finally pass into a condition in which the symptoms already described are produced. All these are to be explained by the action of this chronic inflammation throughout the abdominal sympathetic upon the other nerve plexuses and trunks.

So I think upon this same long continued drain and upon the nervous system and the reflex irritation is to be explained the extraordinary muscular debility. I believe that in many cases there is a progressive, true anæmia and a failure of nutrition which aids in the production of these symptoms, but this is not sufficiently marked to entirely explain them, and it is necessary to invoke a large nervous factor in explaining the symptoms which make up the picture of Addison's disease.

In the same way the melasma of the skin is

explained by this nervous irritation. It will frequently be found where there is irritation of the fibres of the abdominal sympathetic, whether from ovarian or uterine diseases in the female, or chronic peritonitis, or chronic affections of the capsule of the liver in the male or female that melasma will develop, which is as marked and in many cases indistinguishable from that of Addison's disease.

The course of this disease is chronic and its prognosis bad. The organs affected are deep-seated and incapable of being directly influenced by treatment, but more than this, the organic changes have advanced to an irreparable degree before we recognize that they are at all affected.

The question is, Is there any treatment which will modify the course of the disease? If our views of the pathology of Addison's disease are correct, it is useless to pour tonics and stimulants into a patient suffering with this disease. The only rational plan would be to attempt to find some agent or some plan of modifying the morbid action in these supra-renal capsules. The plan which I am pursuing with this man is to apply the actual cautery over the region of the supra-renal capsules as the only counter-irritant that is at all likely to effect such deep seated parts. In the second place, I shall insist on absolute and protracted rest in bed, so that there shall not only be no drain on the nervous system, but also that there shall be no irritation to these parts from muscular exertion. It seems to me that the cause of this disease is to be found in some traumatism, some wrench or strain or frequent irritation of the part from over exertion, particularly where the spine is called into play, so that the parts which lie against it may gradually become the seat of disease. Hence it will be found in studying the occupation of those affected with Addison's disease, that the majority of cases are to be found in men, and in men who have pursued very laborious occupations and such as call for heavy lifting and powerful muscular efforts.

While carrying out the plan of treatment which I have mentioned we shall give him a good diet, as good as his stomach will bear. I do not think that any special line of diet is to be recommended.

In regard to other remedies, I am disposed to use those which are of value in other similar wasting and inflammatory affections. I should prefer to give arsenic, iron, quinine, and iodine. I propose to give this man a pill of arsenic, iron, and quinine, and continue it as the system bears it.

I shall try to pursue the plan of treatment which I have outlined. If these bodies pass into a negative state, I cannot see why the injurious effects upon the nervous system might not pass away and the disease pass into convalescence. There seems to me to be nothing inherently fatal in the condition, unless the supra-renal capsules possess some function which physiologists have not yet suspected. If they were important bodies like the kidneys, nothing but disastrous results could be expected from their passage into an inactive state.

There is one point to which I neglected to allude, that is, the probability that during this process of cheesy degeneration there may be slow septic absorption, which is another factor in producing the injurious effects on nutrition. Just as we find in some cases of cheesy metamorphosis serious results slowly taking place, as for instance, tuberculosis; so here, there is undoubtedly produced in some cases a secondary disturbance of nutrition, due to the absorption of unhealthy matters produced during these changes in the glands. I however do not consider this a constant element, nor nearly so important an element as the nervous irritation already mentioned.

# ORIGINAL COMMUNICATIONS.

## *SOME REMARKS ON THE*

## METHODS OF DEMONSTRATING THE ACTION OF CERTAIN DRUGS UPON THE FROG'S HEART.

BY DUDLEY W. BUXTON, M.D., B.S.,
Member of the Royal College of Physicians and Assistant to the Professor of Medicine at University College, London.

[Given before the Section on Pharmacology and Therapeutics at the annual general meeting of the British Medical Association, held at Belfast, July–August, 1884.]

THE practical study of therapeutics in this country is hampered by many difficulties. The provisions of the Vivisection Acts prevent the study becoming general, while the absence of all systematic instruction in the methods to be adopted prevents anything like a general pursuit of experimental in therapeutics. To-day it is proposed to show that much can be done with the excised heart of the frog. Another difficulty, however, meets

the student here, the cost of his apparatus is great, the outlay on material becomes in most cases prohibitive. This difficulty can be remedied as I propose to show by an apparatus to my mind far more efficient than even that of Dr. Roy and far less costly. With the limited space at my command it will be impossible to do more than outline my method, contrasting it with others, and then to demonstrate some striking actions of drugs. I shall employ a salt of calcium, usually accredited as inert, a salt of potassium, a peoboplasmic poison, and a salt of soda. With these salts in a definite proportion I propose to demonstrate that the frog's heart may be maintained in function as long and as well as when a blood circulation is employed. I am indebted to Dr. Sydney Ringer for permission to repeat some of his experiments.

Let us, however, consider first the method to be employed. The apparatus which I have sketched is very simple. The frog's heart is removed from its body after, of course, having destroyed the nervous centres, and is tied on to a two-way canula. The two ways permit of circulation, while this way permits of the circulating fluid travelling to the heart from the reservoir, that way allows of an outflow from the heart. The circulation will not be maintained unless the heart's septum be effectually divided before tying on to the canula. When the heart is duly adjusted it is placed in the oil chamber (*o*), which Professor Schäfer has devised. This apparatus is made entirely of glass. This chamber has four openings: that for the admission of the canulæ and heart through which also passes one electrode (*l'*); one below which serves for an outlet should

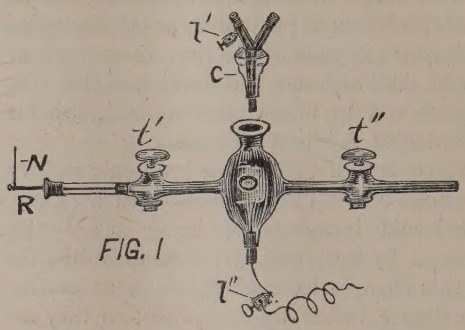


FIG. 1

blood leak from the heart and through the cork stopper of which is passed the other electrode (*l''*). The remaining two apertures lead into two tubes, the one is guarded by a stopcock (*t''*) and permits of outflow as well as allows the heart to act when the recorder *R* is not working, while the other is guarded by a stopcock (*t'*). This tube has fitted accurately to its bore an aluminium plug or piston which travels to and fro as the heart is in systole or diastole. How this occurs is obvious. The whole apparatus being filled with oil, if all the outlets are closed save that one which leads into the tube which is pistoned, if the heart dilates (diastole) the oil forces the piston before it, if the heart contracts (systole) the oil retreats and is followed by the piston bell; to this piston is geared a rod which carries a needle *N* at right angles to itself. This needle lies by its own weight upon the recording cylinder *B*.

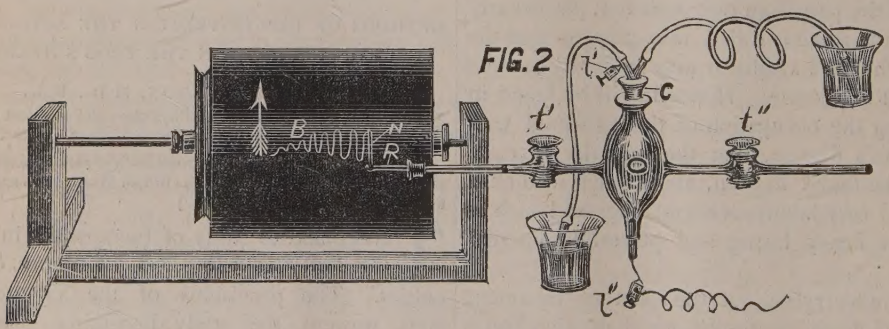
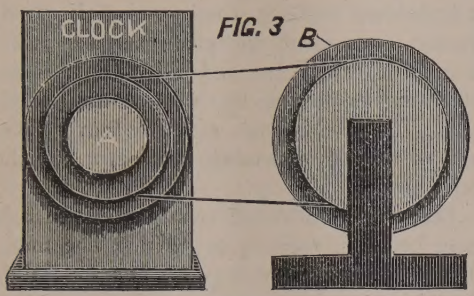


FIG. 2

On the cylinder is blackened paper, so when the cylinder revolves the needle scratches its course in white by removing the lampblack from the face of the cylinder.

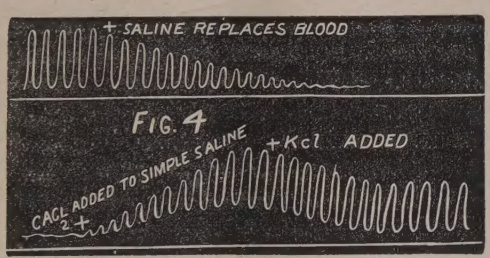
Next we have to confront the difficulty of a "motor." The common motors for driving a cylinder are clocks and very expensive clocks too. I have, however, been able by some additions and modifications to make an ordinary American clock. A really good American clock, which is much cheaper than our English make, and drives uncommonly well. The pen-

dulum is removed and for the escapement is substituted a large fly. This fly must be very large to insure a continuous even revolution of the wheels. Without it the clock jerks and jumps and so is worse than useless. By having




my bearing-wheel *A* (Fig. 3) of different sizes I can modify the rate of movement. I thus obtain six or more rates.

Having briefly sketched my apparatus, I have only to add that excitation from a common coil and Daniell is made through the electrodes (*l'*) and (*l''*). I then will shortly describe the demonstrator I now bring before your notice. You will see that to commence with I employ a blood solution made from dried ox blood, which we obtain from America. This gives




the familiar trace (Fig. 4) of the normal heart. I now replace the blood solution by one of three-fourths per cent. of saline (Nace) and you see that at once the trace drops until it becomes a straight line. If now an adequate quantity of a lime salt ($CaCl_2$. one per cent.) be added the heart at once commences to beat vigorously, but shortly contraction occurs, the trace leaving the base line. We now can correct this contracture by adding an adequate dose of a potassium salt (KCl, three-fourths per cent.) and thus we obtain a trace approximating to the normal. However, to obtain a perfectly normal trace we need another factor. This we find in sodium bicarbonate ($NaHCo_3$, one per cent.).

As you see there is now a trace comparable in every way with that obtained from a blood solution fed heart. This is most striking, as Professor Ringer has pointed out in the Journal of Physiology, in which he first drew attention to these actions of the saline constituents of the blood, striking because we always held calcium salts as being of little physiological import; potassium, we judged, to be only detrimental to protoplasm, and yet we here see that calcium will actually revive a quiescent heart and potassium (a poison) will help it, while soda plays the none less important rôle of adjuvant to these, and seems to enable the protoplasm of the heart to avail itself of the other saline constituents of the fluid in circulation.

These results are very suggestive, but I still cannot but regret that the brief space of time at my disposal precludes me from extending my demonstration to other drugs and especially the antagonistic action of alkaloids. I had hoped also to answer the question, "How do anæsthetics act?" but, gentlemen, this must be deferred.

[The demonstration was repeated in the afternoon.]

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## *ELECTRICITY IN ABDOMINAL DISORDERS.*

BY WILLIAM R. D. BLACKWOOD, M.D.,

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CONSTIPATION is an extremely frequent disorder, most common, I believe, in cities as compared with the country. I have, beyond question, treated more cases in townpeople than in inhabitants of rural localities, that is to say in proportion to the whole number of all kinds of disease, and my experience has included practice in cities of large size (as Philadelphia), those of smaller pretensions, down to mere hamlets, and then again that of purely farm-life. I am sure of this, although books say that the country people are as a rule more costive than those of the town.

Many causes precipitate constipation on its victims, for the disease is an acquired not a natural habit. Milk, which is considered by most people to be exceedingly constipating as food, is the sole food designed by nature for the young, and in normal conditions *is* their sole diet, yet constipation is the exception not the rule in infants or in brutes. In those of more mature years inattention to diet is a grand factor in causation, the daily diet is not varied

enough, particularly in persons who have little exercise in walking. Many clerks, store tenders, and mechanics eat day after day the same identical cold dinner, because it is convenient to carry with them and because their women at home are too lazy and indifferent to exercise a little taste and forethought in getting up an appetizing variety on working days, relying on the Sunday dinner as a makeup for the direliction of the rest of the week.

Too many people, who cannot really afford it, ride habitually to and from their place of business, and thus lose the invigorating exercise they need to keep in trim the muscles of the abdomen and lumbar regions. This lack of tone reacts upon the intestinal muscles proper and has much more to do with some forms of constipation than is generally known. Street cars are a great convenience to doctors at times in making evening calls, they also furnish him many patients through the lazy habits they engender in people who now ride half a dozen squares, but who twenty years ago would seldom or never use an omnibus unless they had two or three miles to go. Their children of course follow the parental example.

Next comes the habitual inattention to the calls of nature, especially with women, and more particularly in the higher classes. A good many females look upon defecation as a sort of punishment, and they go only when absolutely compelled to do so. They appear to neither know nor believe that a regular visit to the closet is a *sine qua non*. Of course the rectal sensibility becomes obtunded after a time, and nature insists only upon a clearing out when no longer able to hold more.

In some instances where ulcer or fissure of the rectum or anus is present, and in others where severe hemorrhoids exist the patient will not endure the agony sometimes attending the act of defecation, and several days are allowed to intervene between times, even though nature is solicitous of relief. Such persons are hard to manage, for they know what pain is, and to those only who suffer from confirmed rectal disease of any kind is patent the wretched effect on the general health, the mind, the temper, and the relation between the sufferer and his whole environment.

With this much as to cause, and saying nothing more about effect from constipation beyond that already stated under the headings of dyspepsia, we take up its treatment.

Relief may be either temporary or permanent. The former result is attained through purgatives and enemata and is valueless, the other is had by eradicating the cause and by preventing the original difficulty from being reëstablished through carelessness. If rectal disease be present of course surgical interference is called for, and all piles, fissures, ulcers, or fistulæ are to receive radical treatment. After this other measures may or may not be needed, depending upon how bad the constipation is.

Diet must be attended to and errors such as have been referred to rectified. The meals should be taken at regular intervals, they should be varied in character daily, a sufficient quantity of fresh vegetables and fruits should be included at *two* meals daily, the method of cooking should be carefully looked after and not trusted to the kitchen servants, who seldom know anything about the proper preparation of food and care less except for their own selections. Half the American dyspepsia comes from the neglect of the mistress to see that her servants understand and carefully perform their duties in the kitchen. This is specially true of bread, and pure, light, enjoyable, wholesome home-made bread should be the rule, not the exception. If you prefer alum, potatoes, and two grades of flour in your bread you can do this as well as the baker, and save him the necessary lying incident to keeping his trade going. A light repast of acid or sub-acid fruits before retiring is useful; late suppers injure people not *as* suppers but because of the ponderosity of the viands, viz., lobster salad, fried oysters, devilled crabs, and other inventions of the arch-fiend. A little hot soup made from any good beef extract, with raw tomato (or its juice), which is an excellent esculent, will hurt no one and help many. Invalids should never go to bed hungry; I even wake up some of my patients at 1 or 2 A.M. and make them partake of light refreshment. It is *half a day* from the usual tea-time till breakfast—too long a stretch for weak stomachs which cannot take enough on board in the evening to supply good blood until the morning repast.

Next as to habit. It is the bounden duty of each man, woman, and child *outside* an insane asylum to appoint a time for a daily visit to the closet and *to keep* that appointment inviolably. *Inside* the asylum it is the business of a proper attendant to compel the observance of

this rule by patients, and in my limited knowledge of such retreats no one attends to this point—the patients if they have sense enough left go as they please, and if not they go as compelled by an outraged rectum, closet or no closet. A good deal of the filthy habits in these institutions is not from pure "cursedness" on the part of the unfortunate, but from lack of intelligent supervision on the part of their keepers.

Just after the stimulus of breakfast is a good time for the purpose, and if at first the bowel is stubborn wait until next day—same time and place. Don't let your patients *strain* in their effort, and don't let them go later in the day, having failed in the morning, if the desire occurs—*wait until the appointed hour to-morrow*. The bowel is capable of education and when persistently solicited it learns to obey your behest, and a liberal share of cases will yield to this simple methodical persuasion.

Some cases of course demand therapeutic assistance, and this may be either medicinal (drugs) or mechanical (massage and electricity). Placebos are now and then efficacious, and a good one is one or two drops of tr. nux vomica in a little water at bedtime. If the liver is sluggish we may advise the succus taraxacum in full doses two or three times daily, which is efficient if a good article upon the hepatic and intestinal secretory action alike. I often order in people with yellow parchment-like skin the annexed :—

℞. Sodii sulphas . . . ℥j.
Sodii bicarb. . . . . ℈ij.
Sodii bromid. . . . ℈j.
Aqua acid carbonic . . Oiv.
M. Keep in syphon bottles, and direct a wineglassful at bedtime, or morning and night.

Weak though this artificial mineral water may seem, it has gained me much thanks and credit. It must be long continued in such cases.

Where stubborn livers won't work I have had excellent results from the following :—

℞. Cinchonidia sulphatis.
Euonymin.
Irisin.
Leptandrin.
Juglandin . . . āā℥ss.
Podophyllin.
Ext. belladonna.
Ext. nucis vomica.
Ext. hyoscyamus . . āāgr.x.
M. In pil. No. 60 div.
Sig. One or two at bedtime.

The above is my only long prescription, for I get better results from one or two articles only as a rule, but on general principles the cholagogue here given is admirable, and many a professional friend has thanked me for it. A manufacturing house which introduced it into their list of formulas without my knowledge sends out a large quantity of this combination. From a relative in India I learn that the prescriptions given act very nicely, and those who know anything about the liver troubles of hot climates will take this testimony as of value.

Chloride of ammonium in large doses is relied on in the Madras, Bengal, and Scinde presidencies as a cholagogue, testimony to its efficiency coming from able army surgeons, but in our latitude it does not with me, or those of my friends who have tried it, do well. Arsenic in minute doses with belladonna sometimes fits a case and arsenic with ipecacuanha does well in others. Mercury in any form or in any quantity however small, I detest in constipation. Blue pill at bedtime and salines next morning never cured *chronic* hepatic trouble of any kind in my opinion, but they have often introduced it where milder measures would have done no harm if they did no good. Torpid or congested liver in constipation is always chronic. To be sure you can have *acute* hepatic disorder in instances of temporary constipation, but we are not now considering such cases. So much for medicine.

Massage, properly applied, is valuable in torpor of the liver and intestinal muscles. In chosen cases direct the application of a wet cloth (cold) to the abdomen when in the closet every morning, the front and sides being gone over for a moment or two, then either the patient or another person thoroughly kneads the whole abdomen, paying particular attention to the hepatic region and the course of the colon and rectum. After a general rubbing movement the closed knuckles of both hands are employed in alternating wave-like movement to push the contents of the bowel *upward* from the right iliac fossa *across* the hypo-gastrium and *down* the line of the descending colon. The whole proceeding is quite simple when once tried, and unless the sufferer is a debilitated invalid he or she can do it best personally, for the exact amount of pressure required is thus experienced.

The chief difficulty is to get people to try

this plan faithfully, for it is no fun at first to go through this manipulation in winter if the ordinary outdoor privy is alone obtainable. Some folks don't see the utility of it, and as in everything else unless they appreciate the value of any method, or think they do, they won't persevere. With such philosophers we have to combine such mechanical manœuvres with aqua destillata in five drop doses *ter in die*, or some equally powerful internal remedy cautioning them as to the risk of a drop or so too much. Very few cases of confirmed constipation will hold out against a *bona fide* trial of massage and regularity of diet and habit.

Electricity is a great helper in bad cases when combined with the other points named. Faradism is preferable, but it must be accurately applied. The small coils, such as the gaiffe and those resembling it, are unavailing—they have too high tension and too little penetrating power. The induced current from a coil of thick heavy wire is needed to overcome the resistance of the abdominal parieties. To gain this we must approximate an equality in the internal resistance (of the coil) and the external resistance (of the patient's body), which can only be had by rheostatic interposition with powerful inductoriums and currents of derivation. These are not either convenient to use or ordinarily owned by general practitioners, and in my own cabinet apparatus I have eight separate coils, the terminal set being of heavy hard-drawn copper, German silver, and platinum wire respectively.

In connection with this point I desire to notice the following extract from an editorial in the Philadelphia Medical Times of November 1, 1884, entitled "A Lesson from the Electrical Exhibition."

"Again, faradic batteries which profess to get divers mysteriously-endowed currents by using a multiplicity of coils made of wires of different sizes or of different metals, methods of winding, etc., are fraudulent in their claims. There is but one kind of galvanism, and currents can only vary in strength and electro-motive force. Alongside of the highly scientific batteries, dynamos, and what not of the exhibition were medical batteries, asserting practically that there is such a thing as a copper electricity, an iron electricity, a silver electricity, and so on."

I believe that very few of the exhibits of any kind escaped my notice, but I certainly did not see or know of any maker who claimed to exhibit medical batteries constructed as above described—none such were on exhibition at any time—nor do I know of any maker in this country or abroad who produces such coils, and I have on file in my workshop catalogues of every manufacturer known to me, nearly one hundred in all. There *is* but one kind of galvanism, but the inference intended to be conveyed that there is but *one* kind of induction is false, as is the direct statement that "currents can only vary in strength and electromotive force." "Strength" and "electromotive force" are synonymous terms in electrical nomenclature. Currents vary in many particulars other than in strength, and they vary *because* of the method of winding, the density, the thickness, and material of the wire or tape forming the coil, together with the method and completeness of insulation, as every practical electrician well knows. No one who knows anything of the construction of inductorium apparatus would wind a Ritchie or Rhumkorff in the hap-hazard style of the usual medical faradic coils, neither would one wind differential galvanometers or a rheostatic series in that way. There is such a thing as *quality* of current from induction coils, and the quality, quantity, and capacity for *penetrating* power varies with the sectional area of the secondary wire and also with its character as to material used in its construction. There is additionally a vast difference in the *smoothness* of current according to the method of winding which is ignored in every trade battery known to me. There is, beside, a notable advantage in employing wire of varying specific resistance in medical coils just as there is a great advantage in using high electro-motive force in constant batteries in conjunction with a rheostat through derived currents. Further, induction currents from galvano-faradic and magneto-faradic machines differ in many points however wound—the first has no chemical effect, the latter has besides the production of uni-direction currents in the one, but not in the other. Practical results are attained by expert electricians which are beyond the reach of those who use crude, imperfect, and cheap apparatus, and they would do still better were their coils made under their supervision and made as the writer has made his own.

The writer has for many years used multiplex secondary coils in his faradic apparatus, these varying in material and in the length and

gauge of wire. The advantages of his system are so definite as to make several ordinary faradic machines in his possession simply curiosities. De Watteville, of London, recognizes the value of differential coils, though he apparently goes no further than the use of copper, and he stands high in ability alike as a physicist and therapeutist.

The "lesson" to be learned from the extract given concerning faradic induction is very slim and had better be skipped, the rest of the article is all right so far as it goes, but it does not go very far or very deep.

In using induction currents the preferable method is to apply one pole with a large sponge rheophore to the back just above the loins, and with a smaller one go thoroughly over the whole anterior and lateral aspects of the abdomen, pressing the handle well down to control the contraction of the parietal muscles. A very excellent rheophore is the roller style, which at once gives us the current effect with massage, and a rolling movement is easier of action than a sliding one with a sponge. This rheophore is to be had from any good electrical instrument maker.

A class of cases in which torpor of the intestinal muscular coat with sluggish mesenteric glands present is not fully met by faradism, and here we must revert to the constant current. This is applied just as the secondary is and from five to twenty cells is sufficient. With care and perseverance the best results will be obtained under the procedure here stated, and in my own practice a goodly number of cases get well under electricity alone. If the physician can spare his battery in such cases as he selects the patient can use the coil under occasional supervision, but no person should be trusted with a constant apparatus for many reasons. The doctor alone must look to this.

*Migraine.*—The pathology of sick headache is unknown. It is closely associated with bilious headache. Young and old suffer from it, and unlike many stomach troubles it does not always disappear with the advent of old age. It may or may not be associated with neuralgia. The "brow ague" of older writers is not always neuralgic in type nor is the "hemicrania" of allied nature. It is to me almost certainly a purely nervous disorder, the stomach complication being a secondary matter. The acrid vomiting and the nausea both *succeed* the brain symptoms, and the fact that vomiting affords relief in many instances is no criterion that the gastric organ is responsible for the whole trouble. Secretion is under the absolute control of the nervous system, and the intensely acid reaction of the ejecta can be readily produced by perverted action of the pneumogastric. The acid poured out or at any rate found in the stomach in migraine is not normal in character, for oxalic and valerianic acids are not normal, yet these are present almost in every case. The blood itself is somewhat altered in severe attacks, and water or urea in excess are found in the renal secretion in abundance at once after the onset of an attack or even previous thereto. With an excessive flow of urine we have frequently a decrease of salivary and buccal secretion, the mouth and fauces are clammy or dry. As neurasthenia may be considered a lull of nervous force, a going below par, so to my mind many instances of migraine may be looked on as "nerve storms" or super-excitation of the pneumogastric and allied sympathetic nerves.

Some attacks are mild—they pass off quickly without any remedy other than quiet and abstinence from food for a few hours, but others resist quite vigorously treatment. Calomel was and probably is the mainstay of the profession in acute attacks, but for a long time past I have relied on a moderately strong current of galvanism, the anode in the auriculo-maxillary fossa and the cathode at the solar plexus. The result in less than one minute is to quiet the stomach, soon thereafter nausea vanishes, the head pain drops out and comparative comfort is experienced in a few minutes. A few drops of chloroform are now and then serviceable, and so also is bromide of sodium. I have one patient, who originally a martyr to migraine, now makes for a small portable battery at the slightest intimation of trouble and always with entire success.

*Vertigo.*—This common occurrence in people of stout habits or sedentary manner is referable to varied causes. Usually it arises from indigestion, particularly where the liver is sluggish. It may originate in congestion of the middle ear from impacted cerumen, or the curious "aural vertigo" from deep-seated nervous diseases may occur. In cases dependent on dyspeptic failure no better results meet my cases than galvanization of the sym-

pathetic, which is not an exploded theory despite De Watteville, who is in my estimation the best authority extant on medical electricity, and I maintain my opinion because of my results from the treatment named. "Facts are stubborn things," and both myself and my patients respect "the bridge that carried us over." Galvanism is also admirable in true aural vertigo.

*Tinnitus Aurium* gives way at once to galvanism. One pole (anode) on the tragus, the other (cathode) on the neck or inter-scapular region if the disturbance is from stomach trouble as it frequently is, or if from simple temporary congestion. An ear packed with hardened wax of course must be cleared out by syringing, and in such cases if the buzzing persists as it often does, the galvanic treatment indicated is apropos.

Central galvanization is eminently satisfactory in *musca volitantes* from indigestion when no actual disease of the eye is present.

In the course of intermittent fever the spleen frequently becomes enlarged, forming the *ague cake* in popular language. This hypertrophy gives way readily to electricity, an account of the method being given elsewhere.*

Several organs of the abdominal cavity which occasionally are the seat of disease, more or less grave, and which have not been alluded to may hereafter receive attention, but at present we close our article with a few general remarks.

1st. In diagnosing dyspepsia it is imperative that the *form* be accurately determined, as treatment applicable to one variety is useless in others.

2d. When you give pepsin or pancreatine give the *pure article* and enough of it. Sugar of milk is efficacious in the hands (or pockets) of homœopaths only.

3d. On the surface it may seem that electricity plays a subsidiary part in the three papers now concluded, but if the suggestions made are carefully and thoroughly carried out it will then appear that if diet and habit are well regulated electricity will take the place of drugs to a large extent and save the already wearied stomach many a nauseous dose, a good thing for delicate patients and a good card for the doctor himself.

246 North Twentieth Street.

* Medical Bulletin, Vol. V., November, 1883, p. 245.

## *AN ACEPHALUS MONSTROSITY.**

BY ONRAN B. GROSS, M.D.

ON the 26th day of July last, Mrs. L. was taken with the pains of her fifth accouchement. Her previous confinements and children had been of the usual normal character, and as there was nothing abnormal discoverable in this, her last gestation, we find nothing worthy of record in the history of this case prior to the touch of the obstetric hand.

Through the dilated os and protruding amniotic sac exploring fingers sought to discover the presentation, and found a curved bony ridge very much like the crest of the ilium, and upon it were felt certain peculiar prominences that were not recognized until after the rupture of the sac, when one of these was found to be an ear-lobe, and about two inches from it a something else that seemed very like the scrotum of a two-third-grown-fœtus. Utterly unable to understand the situation further developments were awaited with much interest and anxiety, and at the one-half completion of the second stage of labor the neck of the fœtus was recognized, and the two ear-lobes easily touched by two fingers straddling the back part of the neck. The delivery was effected in the occiput anterior, and really progressed as well as though the vertex were normally present as the presenting part.

This monster was found deficient in all parts of the head above the eyes, ears, and a line running toward the occiput about one inch above the foramen magnum. The face, neck, arms, body, and legs, were large and well formed, and weighed probably eight and a half pounds. The only lack of development beside the acephalic deformity was an imperforate anus and arrested growth of the genitals; the penis was represented by a small pea size wart-like growth, and had no visible opening, although urine was afterward observed to escape from it like drops of sweat; the scrotal raphæ was complete and traceable from this point across the perineum, but the scrotum was flat and contained no testes.

This brainless wonder lived for twenty-three hours; all of the vital organs performed their functions, at least so far as the chest and abdominal viscera were concerned, excepting only the retro-peristalsis of the bowel on ac-

* Read before the Camden County Medical Society, November 11, 1884.

count of the anal closure, the vomiting commenced a few hours after birth and continued at intervals until its death. The muscular system was remarkably well developed, soon the facial muscles, and those surrounding the eyes were capable of their every function.

Preparations had been made for a careful *post-mortem* examination including the photographing of sections, but I regret to say, the permission of the family could not be obtained for anything more than a mere cursory examination, the result of which may be briefly presented as follows:—

Instead of finding an entire absence of the bony substance of frontal, parietal, and the occipital bones, it seems as though it was diverted from its natural deposition and formed a part of the skull base and edge, which was very much thickened and so altered in its characters as to entirely obliterate the usual foramen and bone markings of the normal skull. The scalp, with its few scattered hairs, appeared normal in its tissue layer formations, and held the same relation to the skull base that it normally holds to the skull cap, excepting only a point above the foramen magnum, where a vascular tumor of the size of an English walnut projected through it.

Upon removing the scalp the vascular tumor proved to be a rudimentary pons varolii, covered with a layer of tissues analagous to the pia mater and possibly arachnoid. This tumor was not believed to contan any true brain substance, although a positive statement cannot be offered in this belief, since an opportunity was not had for its proof in microscopic examination.

The only nerve structures found above the foramen magnum, excepting the stub of a pons varolii and normal spinal cord, was the medulla oblongata, and a close examination of this well-developed medulla and its important nerves, explains physiologically at least how this creature performed its living functions for twenty-three hours without the aid of a true brain.

The 6th, 7th, 8th and 9th pairs of cranial nerves arise from the medulla and have their origin mainly from the floor of the fourth ventricle, and these four pairs were the only cranial nerves found in this dissection, if we except the rudimentary optics and trifacial. The optics were traceable for a short distance only from the eyeball, when they resolved themselves into mere connective-tissue filaments, and were lost in the surrounding tissue before reaching the slit-like remnant of the optic foramina. The fifth pair or trifacial nerve origin in the pons was observed, but like the optics were rudimentary.

The facial, glosso-pharyngeal, pneumogastric, and hypoglossal nerves, were inferred to be normal in their distribution as well as origin, for the very reason that the important life organs to which they are distributed performed their functions normally, if we except only a peculiar jerky respiration, and such other deviations that might have been caused by the frequent vomitings, and nearly complete closure of the urethra.

It is possible that the normal functional activity of the iris in this case indicated at least a part of the function of the abducens nerves.

CAMDEN, N. J.

## *REPORT ON SURGERY.**

BY D. BENJAMIN, M.D.,

Chairman Surgical Section of the Camden County Med. Society.

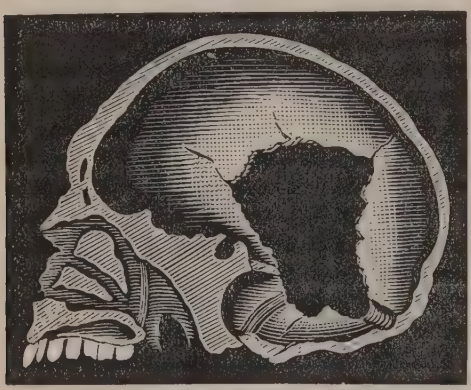
GENTLEMEN: The year has been especially prolific of surgery. This was due to some extent at least to a number of railroad accidents and to the opening and increased activity of machine shops and iron works.

A mere list of the names of the cases would be tiresome. There were a number of cases that would be well worth detailed mention, but I shall confine my remarks of the cases that have occurred in my own practice, principally to one case, hoping that it is sufficiently important to warrant me in occupying your time with a very brief account.

*April 28, 1884.* George Mitchell, age 10 years, while attempting to cross the tracks of the West Jersey Railroad was struck by a passing train running at a high rate of speed and knocked insensible. This was about 2 o'clock P.M. I took the case about 10 P.M., found compound comminuted fracture with symptoms of compression, and with Dr. Godfrey, proceeded to open it. Chloroform was carefully administered and lamps placed around. I made an incision from the crown of the head curving forward down to the neck on the right side, passing half-inch back of right ear. Great comminution and depression of a large area of skull was found. When the trephine was

* Read before the Camden County Medical Society, November 11, 1884.

placed and an attempt to bore made, a large piece of bone sunk in, making fruitless the use of the elevator; when a piece of the bone that was deeply depressing the lateral sinus was removed great hemorrhage ensued and the boy stopped breathing. Vigorous efforts to restore respiration having been successful, the operation was proceeded with after about one minute's delay. Five square inches of bone were removed, involving a portion of mastoid process and petrous portion which were fractured. The lateral sinus had been cut across and freely opened by a piece of bone. Before the operation there was free hemorrhage from right ear and nose. The dead matter was cut through and the brain substance exposed.



The flap was (after all clots were removed) brought well together and stitched with silk.

Great difficulty was experienced in keeping the wound closed. Portions of the brain protruded and I suppose about one drachm was lost. Patient was weak and had raving delirum for about ten days. Pulse about 120 at highest, then dropped to 50; temperature, 102. There was for a few days watery discharge from ear and afterward pus. The boy made a good recovery, but is permanently deaf in right ear at the present time, November 11th. Bone appears to be forming in place of that which was removed.

The treatment was one dose hyd. chlor. mit. Afterwards, pot. brom. and pot. iod. with carbolized acid locally. The drawing which accompanies this illustrates the size and locality of injury. These pieces of the skull-bone which I have brought with me you see more than fills the opening in the drawing, and upon one of them you see the groove for the lateral sinus. The boy made an excellent recovery, and I expect him here to-day.

There is under my care at present among the more important cases, one young man of fracture of third lumbar vertebræ, which is about recovering, with only paralysis of anterior muscles of right leg. One young man, with terribly crushed feet, on one of which Syme's operation was performed. Also two broken femurs.

As the members have not been very profuse in their report of cases, I have been largely dependent upon my own practice for material from which to make a report. There has not been a great deal of positive additions to our knowledge of general principles during the year. The principal advance seems to be in getting rid of surgical delusions, as Dr. Roberts has said. This is well illustrated in the treatment of pus in the head; the danger of opening the cranium having been greatly overrated, and many valuable lives have no doubt been lost through the great fear of surgical interference. If properly done little danger exists in opening the skull or even the dura and pia mater in some cases, but I will to-day refrain from the discussion of questionable principles.

CAMDEN, N. J.

## *REMOVAL OF A HAIRPIN FROM THE UTERUS.**

BY D. P. PANCOAST, M.D.

MRS. ——, aged 30, the mother of two living children, a sufferer from the consequences of two self-induced abortions, sent for me in great haste at 5 P.M. on October 10th. I found the lady standing in her night-dress in the middle of the floor of her bedroom, with a countenance expressive of the greatest alarm and anxiety, and almost afraid to stir an inch from where she was standing. She informed me it had been her practice for some years to occasionally insert the bent end of a hairpin through the os uteri as far as she could safely reach with it, and then withdraw it, as she said, "to keep the mouth of the womb open." In doing so a few minutes before sending for me, the pin had slipped from her grasp and passed up into the cavity of the uterus. An examination per vaginam satisfied me that it was not lodged there, and that probably she was correct in her statement. Efforts to locate or remove it with such instruments as I had at my command proving furtile,

* Read before the Camden County Medical Society, November 11, 1884.

I called in the assistance of my friend, Dr. B. F. Baer, of Philadelphia. We then placed her upon a table, with her legs flexed upon her thighs, and after a careful examination, the doctor inserted a Smith's speculum. After considerable probing he succeeded in locating the pin, it having passed entirely beyond the neck into the body of the uterus.

To reach it the os was forcibly dilated with a dilator until the end of the forefinger could be inserted, then with a pair of uterine forceps, with some difficulty, he succeeded in grasping and holding one arm of the pin, while with a hooked instrument the other was caught and pressed in parallel with the first one and the two safely withdrawn. Apart from a slight discharge, ceasing at the end of two days, and a trifling soreness of the parts, the lady has felt no inconvenience from her experiment, and has since then menstruated at her regular time.

CAMDEN, N. J.

## THERAPEUTIC NOTES.

BLISTERING AND LEAD NITRATE OINTMENT FOR ULCERS.—Professor Bartholow says that many old ulcers of the leg, which have resisted other treatment, can be cured by first blistering the surface of the ulcer and the adjoining integument, then putting on a light poultice, and afterwards applying an ointment composed of—

℞. Plumbi nitratis . . . ʒj.
Vaseline . . . . . ℥j.

NEUTRAL MIXTURE FOR FEVERS.—Professor Brinton speaks hightly of the following neutral mixture in fevers of moderate type:—

℞. Liquor ammonii acetatis . ℥j.
Liquor potassi citratis . . ℥j.
Spiritus ætheris nitrosi . . ℥ss.
Liquor morphi sulphatis . ℥ss.

M. Sig. Two teasponfuls three or four times a day. If the fever is of a higher type, and the pulse full and bounding, tinctura aconiti radicis xii.-xxiv. may be added to the mixture with advantage.

PARÆSTHESIA—PERVERTED SENSIBILITY OF THE SKIN (Shoemaker).

℞. Extracti erythroxylii . . ʒj.
Adipis . . . . . ℥j.

M. Sig. Apply freely to the parts.

PARÆSTHESIA (Shoemaker).

℞. Napthol . . . . . ʒj.
Extracti belladonnæ . . ʒj.
Adipis . . . . . ℥j.

M. Sig. Use on the surface until itching and irritation are removed.

IODIZED COLLODION IN ERYSIPELAS (Walz).

℞. Sulphuric ether . . . f℥x.
Alcohol absol. . . . f℥x.
Gun-cotton . . . . ʒij.

M. And when dissolved add iodide ammonia, gr. 80, iodide cadmium, bromide cadmium, āā gr. 40. Bottle tightly for use.

AURAL CATARRH (Kinnier).

℞. Acid carbolic . . . gr. iv.
Soda bicarb.
Soda biboras . . āā gr. xij.
Glycerine . . . . ʒss.
Aquæ ad. . . . . f℥j.

M. Ft. lot. ad aurem.

Also:—

℞. Zinc oxide.
Bismuth oxide . . āā gr. v.
Glycerine . . . ʒss.
Aquæ ad. . . . f℥j.

M. Ft. lot.

CATARRHAL BRONCHITIS (Burnly).

℞. Sodæ bicarb. . . . ix.
Ammon. (v. sodii) chlorid. gr. xxx.
Succus conii . . . ʒij.
Spt. chloroform . . ♏cxx.
Aquæ ad. . . . . ℥vj.

M. Sig. Two tablespoonsful in hot water every six hours.

Also:—

℞. Copaiba . . . . . ʒij.
Mucil. acacia . . . ʒvj.
Spt. chloroform . . . ♏xxx.
Aquæ camphora ad. . . ℥vj.

M. Sig. Two tablespoonsful three times a day.

ICE WATER IN TYPHOID FEVER.—In a clinical lecture recently delivered at the Pennsylvania Hospital, Professor Da Costa brought before the class a case of typhoid fever in which the antipyretic effects of ice-water application to the chest and abdomen had been shown to a marked degree.

The temperature in the case had been persistently high, reaching 104.5°, and at one time 104.8, and rarely falling below 103°, even in the morning remission. Large doses of quinine were administered, but without their usual effect. The temperature still remained high. The propriety of immersing the patient in a cold bath was then discussed, but abandoned owing to his extreme weakness, and the distance from his bed to the bath-room.

Professor Da Costa then ordered his chest and abdomen to be kept covered with cloths wrung out in ice water. This was done with the most gratifying results. The temperature fell from 104° to 102°, and then to 101½. The other symptoms also began to abate.

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## *OPIUM INTOXICATION.*

MUCH eloquence is wasted in the pulpit, the press, and the family circle on the matter of alcoholic intoxication. We say wasted, because it is self-evident that intemperance in drinking is steadily increasing in our large cities, and that, too, amongst the class least able to stand the loss of time and afford the waste of money consequent upon this burning disgrace to humanity and civilization. It used to be the rule in high life to drink to excess, and a man who could not take his share, one who was not a "three-bottle man" at least, was somewhat contemptuously treated at all big dinners. This happily is now a bygone habit, and no gentleman would now disgrace the table by becoming intoxicated, whereas he had only to go back to his grandfather's time to find the truth of our assertion. In this country we never quite reached this cultivation in this regard, and society would soon put a damper on any habitual offender at the festal board at present.

A new danger is upon us. Few citizens know the extent to which opium smoking has taken its baleful hold upon people of every degree of intelligence and how indifferent is the effort made to stop the villanous custom of a race, which coming to our shores only for a definite purpose—that of amassing money—is rapidly inculcating our people with one of its heathenish customs. We do not propose to inveigh against race, creed, or color—that does not concern this journal; but the fact remains that the Chinese are heathen, their instincts, habits of life and morals are radically different from those of any and all other immigrants, they have so cursed all people other than their own as to bar them from citizenship in civilized communities, and as it is now too late in the day to drive out those amongst us the next best thing to do is to see that they not only obey the *civil* law but the *moral* law in addition implicitly. If it is a crime to sell intoxicating liquors to minors or to irresponsible drunkards, how much more criminal is it to sell that which not alone produces all the bad effects of alcohol, but others more terrible still, to all who come, unchecked by license or by law!

It is well known to newspaper men that the Chinese laundries of our city (and the same is equally true of all cities) are gambling hells of the vilest nature. Mongolians are innately licentious, and crime against the person of young women has occurred in some of these dens to an extent not generally known outside police circles. Bad as this is the new danger is worse, for the opium drunkard is almost from the beginning a lost creature, whereas the alcohol drunkard is able to reform. Alcohol slowly degrades and kills its victims, opium takes hold at once, and in a very brief time its prey is not only a sot but an imbecile. The brain of an opium smoker gives way in its intellectual capacity soon after the habit is established, and the confirmed smoker is a burden to himself and to his friends, his whole time is given up to "hitting the pipe" and sleeping off its effect. It is but a few days since a man once honored by all who knew him, a man of great intelligence, a tried, trusted, and upright man, ended his wretched life in one of these dens, yet but a few months before he had never known what the alluring pleasure of an opium joint was.

The hopeless wreck of mind and body is frightful to contemplate in the poor wretches once they go down, and to begin is to continue with rare exceptions. Opium eating is bad, but opium smoking is incalculably worse. It behooves the authorities to check this growing evil in our midst, to nip it in the bud before our youth, ever prone to folly, are too deeply ensnared to escape the net of the fowler. The writer heretofore believed that precaution was used to keep the existence of

opium-joints dark, and that some backing was necessary to gain entrance therein; but beyond an assurance that the intending visitor is not a spy or a detective in disguise no obstacle whatever is presented against admission. His investigation and personal experience shows this to be a fallacy, and once inside the hospitality is effusive, and few young men or women either—for the weaker sex is represented—have strength or will to resist the importunity to try a pipe. The danger is imminent, the necessity of action imperative; we, as public watchmen over the public weal, would fail in our duty did we not call loudly for stringent restraint by the law. Though the Chinese may not go, their attitude toward our moral and physical well being must be kept in strict conformance with law and decency.

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A CASE of a foreign body remaining in the interior of the left eye for three years, causing smypathetic ophthalmia in the right, removal of that body and full recovery of the sight with marked improvement of the left eye was recently brought by Dr. M. Landesberg before the Philadelphia County Medical Society and there attracted marked attention.

We refer to it here, as it is evidently one case in thousands, and remarkable both for the success attending it as well as a triumph of conservative surgery. With an attendant less painstaking and skilled, extirpation would have been the only thing attempted, without further thought as to the intimate condition and nature of the lesion, on the correct recognition of which the operator had to act with daring reliance. We are doubly glad to note here, that this remarkable triumph, which will be generally conceded so by the profession, was achieved by one of the best-known and prominent contributors of THE MEDICAL BULLETIN.

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WE copy the following from the Evening Call of this city:—

Dr. John V. Shoemaker of this city has just received notice from Francis Foulk, Secretary of the British Medical Association, of his election to membership in that body.

THE THERAPEUTIC GAZETTE.—We understand that on the first of the incoming year there will be a change in the editorial department of this popular journal. Professors H. C. Wood and R. M. Smith of this city assuming charge. But while congratulating the publisher on his choice of editors, it is with regret that we say farewell to the retiring staff, Drs. Brodie, Mulheron, and Lyons. We trust that under the continued energetic supervision of the publisher, Mr. George S. Davis, of the house of Parke, Davis & Co., in conjunction with the services of the distinguished gentlemen who are to control its columns, and very competent they are too, it will enter on a renewed career of success.

## CORRESPONDENCE.

VIENNA, October 24, 1884.

DEAR DOCTOR: Your Journal for October was duly received here yesterday, and for which please accept my best thanks. I have not forgotten you, and intended to send you a few notes on a very unique case of favus which is now under treatment by Professor Kaposi. I wanted to have the complete history and have you report it in full. I have also been kindly invited by Dr. Vajda (whom you may remember from the congress) to visit his clinic. I go there every day and assist him, as he is quite alone. My courses run as follows: 8–10 A.M., Professor Kaposi, dermatology; 10–11, Professor Auspitz, syphilis; 11–12, Dr. Ultzmann, urinary analysis and venereal diseases; 12–1.30 P.M., Dr. Vajda, syphilis and venereal; 1.30–2, dinner; 2–3, Dr. Reihl, dermatology; 3–4, Professor Neumann, syphilis; 4–5, Dr. Chiari, laryngology; 5–7, microscopy by Professor Exner's assistant, then supper, and then from 10 to 11 o'clock I read or write, and by this time am ready to go to sleep, so you see one can work from morning to night. I see more in a practical way here in six months than I can in London, Paris, Berlin, or New York, or any other place on earth in three years, and it is simply on account of these short six weeks' courses that enables you to do so. Everything here is together, while in other cities it is scattered, but theory you can get as well at home as here, and the way they strip their patients and work on them our people would not stand. They are using a new drug here for the past three weeks, cocoain, for painful micturition in gonorrhœa and hyperæsthesia of the urethra, also for chordee, etc., and it works like a charm.

It was first used here for the eye to produce tolerance in minor operations. Vajda uses the following formula:—

℞. Cocoain pur. 0.06 . . . 1 gr.
Butyr. cocoa . . . . q. s.
m. ft. bacillus urethra, No. 3.
Sig. One as directed, at night.

Should you desire anything further, any points I may be able to give you, I will gladly do so at any time. If you will send me a copy of THE BULLETIN I will be very much obliged to you, and will try to hunt up some interesting cases for you readers' edification. I must now close, hoping to hear from you soon.

I am as ever,
Yours truly, etc.
L. L. FRIEDRICH,
VIENNA GENERAL HOSPITAL.

# MEDICAL NEWS AND MISCELLANY.

DR. ROBERT H. ALISON has removed to Ardmore, Montgomery County, Pa.

CREMATION.—The Lancaster, Pennsylvania, Crematory, was formally opened November 25.

DR. WILLIAM A. DAVIS, of Camden, N. J., has removed to S. E. cor. Third and Cooper Sts.

DR. JOHN W. SNOWDEN, ex-President of the New Jersey State Medical Society, and an old and very popular practitioner in that State, has removed to Hammonton, N. J.

DR. KINGSTON GODDARD gave a large and handsome reception at his home, November 27, to Controller-elect Col. R. P. Dechert. The medical profession, irrespective of party, were largely represented and entertained in the most hospitable manner by the genial and generous host.

THE AMERICAN ACADEMY OF MEDICINE.—The work and good accomplished by this active organization at the last meeting at Baltimore was very great. Dr. Benjamin Lee, the President, delivered an excellent address which was both instructive and interesting, and must be conducive of much good to the profession.

DR. GRANT-BEY, of Cairo, Egypt, writes to the editor of THE MEDICAL BULLETIN for information about the introduction of cholera into Albany, N. Y., by a cargo of rags from Egypt in 1865. Any information on the above query will be most thankfully received by Dr. Grant-Bey, who has done so much toward pointing out the successful treatment of cholera during the past epidemic in Egypt.

ENCYCLOPEDIA OF MEDICAL WIT, HUMOR, AND CURIOSITIES OF MEDICINE.—The undersigned proposes to publish during the coming year a large volume under the above or a similar title. All letters, contributions, clippings, books, and other matter should be addressed to Julius Wise, M.D., 806 Olive Street, St. Louis, Mo.

RECEPTION TO PROFESSOR OSLER.—Dr. Carl Seiler gave a brilliant reception to Professor Osler, at his home, 1346 Spruce Street, Philadelphia, on Friday evening, October 31st. A large number of the active and leading practitioners of this city and the adjoining States called to pay their respects to Dr. Seiler and his distinguished guest.

TWENTIETH ANNIVERSARY.—Dr. S. M. and Mrs. W. T. McCollin celebrated on second day evening, eleventh month 24, at their home, the twentieth anniversary of their wedding. A very large number of the members of the medical profession were present to greet the doctor and his happy wife, and wish them many happy years for the future.

WESTMINSTER HOSPITAL ANNUAL DINNER.—The London Medical Schools, after the opening address, have an annual dinner, at which the medical teachers and students at the start are brought together in a social manner. We have just received through the Secretary of the Westminster Hospital, Dr. William Murrell, cards of invitation to their annual dinner, an event that both the English professors and students look forward to with much pleasure at the opening of each collegiate session.

DR. J. C. SAVAGE, of Jackson, Tenn., Professor of Physiology in the Northwestern Baptist University of that State, one of the contributors to THE MEDICAL BULLETIN, and a former student of Jefferson Medical College, sailed October 8, for Europe. Dr. Savage will study most of the winter in London, devoting his time to the hospitals, and especially to the Westminster School of Medicine. The readers of THE BULLETIN will receive through our columns during Dr. Savage's stay in London some of his practical letters.

ACUTE MANIA AT THE MENSTRUAL PERIOD.—Dr. Cabadé relates the case of a woman who, while menstruating, lost her husband under very terrifying circumstances. Menstruation ceased at once and did not return for eight months, during which time the patient was exceedingly nervous and suffered from slight convulsive attacks. Later she had acute maniacal attacks at each menstrual period, being perfectly sane in the intervals. The mania recurred at each monthly period, and was only controlled by large continued doses of bromide of potassium. —*Wiener Medizinische Wochenschrift.*

PROFESSORS MALLET AND OSLER.—A large number of the members of the medical profession of Philadelphia had the pleasure of greeting at the reception given by the Pathological Society, Drs. Mallet and Osler, the two distinguished physicians who were recently elected to fill prominent chairs in Jefferson Medical College and the University of Pennsylvania

DISEASES OF THE NOSE AND THROAT.—A work by Dr. Charles E. Sajous on Diseases of the Nose and Throat, containing one hundred colored engravings, will be published by F. A. Davis, Att'y, Medical publisher, during the month of December. Dr. Sajous's contributions to medical literature are already well known to the members of the profession, and if the present work is as interesting and instructive as his articles, it will receive a hearty welcome.

ANNALS OF SURGERY.—A monthly journal devoted to surgical science and practice, edited by the well-known writers L. S. Pilaber, M.D., of Brooklyn, N. Y., and C. B. Keetley, F.R.C.S. of London, England, will appear simultaneously at St. Louis, from the publishing house of F. H. Chambers & Co., and at London, England, from Smith, Elder & Co. The list of collaborators include some of the very best surgeons in the United States, Canada, and Great Britain.

A NEW YORK judge was annoyed by the coughing of a person in court, and after remonstrating several times in vain, exclaimed, "I am bound to stop that coughing. I'll fine you ten dollars. I think that will stop it." "Jedge," said the cadaverous man who caused the trouble, "I'd be willin' to pay twenty dollars to hev that cough stopped. Ef you kin stop it fur ten dollars, you'd better git down off'n that bench and go to practisin' medicine. There's money in it, Jedge,—money in it."

AN Italian doctor, who accepts the theory that diphtheria is an acute, infectious general disease, with a tendency to produce local symptoms, has a method of treating it which has been highly successful, and which consists in wrapping the patient in a cold, wet sheet and repeating the packing three or four times a day, according to the height of the fever. Cold compresses are kept continually at the throat. He uses gargles of the alkaline sulphites, carbolic acid, etc., as disinfectants, but never caustics. In 1875 six cases so treated all recovered. In 1879 seven cases so treated all recovered, the disease lasting on an average ten days. This treatment is well borne and much liked by the patient. Stimulants at the same time are freely administered. The duration of the disease is not shortened, but convalescence is shortened and strength more quickly restored.

ERYTHROXYLON COCA IN DISEASES OF THE SKIN.—Dr. John V. Shoemaker, at a recent lecture delivered at the Philadephia Hospital for Skin Diseases, spoke of the treatment of certain cutaneous affections by the local application of the fluid extract and extract of erythroxylon coca. Cases were read from the hospital records showing that both preparations had been employed with especial good results for the past two years in cases of eczema, dermatitis, herpes, herpes zoster, rosacea, urticaria, and paræsthesia. A case of acute eczema of the ear and neck was shown which was improving on the local application of one ounce of the fluid extract of erythroxylon coca to three ounces of water. It was ordered used in a smilar way in a case of dermatitis of both arms. In rosacea of the first stage in which the nose and cheeks were involved, three drachms of the extract of erythroxylon coca was prescribed to one ounce of lard, It was also applied in a case of perverted sensibility or great irritation of the integument of the lower limbs in an old patient brought before the class. The lecturer stated that the fluid extract and extract of erythroxylon coca which he had been employing now for more than two years had a most decided sedative action upon irritable conditions of the integument, used either alone or combined with other suitable remedies which may be indicated.

VACCINATION AGAINST RABIES.—At the recent International Medical College, M. Pasteur delivered an address embodying a description of the results obtained through his experimental observations on rabies, and concluding with an account of the inquiries conducted by the Commission appointed by the French Government for the purpose of testing the conclusions arrived at. These inquiries terminated, as we have already explained, in complete verification of all M. Pasteur's assertions, and have so far demonstrated the certain protection against rabies conferred on animals inoculated by this method. It is interesting in this connection to note that these gratifying promises of conquest over a hitherto invincible disease were definitely foreshadowed in a series of papers contributed to the Medical Press and Circular, a few years ago, by Dr. T. M. Dolan, Halifax, Eng., who therein not only expressed a belief that rabies would by-and-by yield to science, but also located the lesions set up by the specific virus of hydrophobia in the exact situation where, according to Pasteur, they are all to be discovered—namely, the medulla oblongata especially, and the nervous system generally. Dr. Dolan's own words were: "The phenomena of rabies, as evinced by morbid anatomy, depend on structural alterations in the medulla oblongata and spinal cord, influenced by a specific virus, the *modus operandi*

ot which is still involved in obscurity." The obscurity here referred to has now given place to the light thrown over the whole subject by Pasteur's invaluable researches, but none the less is Dr. Dolan to be congratulated on the accuracy of the work accomplished at a time when it was all but hopeless to anticipate any possibility of a preventive against one of the most terrifying diseases of modern times.—*Medical Press and Circular*, September, 1884.

HYDROCHLORATE OF COCAINE.—This new preparation which has only recently been brought before the profession, promises to come into general use as a local anæsthetic of decided value and universal applicability. The first clinical experiments with it were made by opthalmic surgeons, who succeeded in producing complete insensibilty of the cornea and conjunctiva. Since then its merits have been tested by prominent observers in other special departments with uniformly gratifying results. It is being used to lessen the sensibility of the larynx for purposes of examination and operation as well as in urethral affections. Trachelorraphy is said to have been performed without ether, and without pain through its use. Tympanitic neuralgia and tinnitus aurium which baffled previous treatment have been relieved by its instillation into the ear. Dr. Bosworth, of New York, also claims for it the power of contracting the nervous sinuses in the nasal mucous membrane, rendering operations there not only painless, but also reducing the bleeding to an almost trivial amount.

ACTIVITY IN AN OLD VACCINE CRUST.—A remarkable instance of the preservation of the activity of a vaccine crust is related in a recent issue of the North Carolina Medical Journal. It seems that during the term of office of the Hon. Willis Alston, grandfather of Dr. Alston (as a congressman from North Carolina from 1803 to 1825), Dr. James Smith, of Baltimore, was Director of the Vaccine Institution for the State of Maryland. He sent to Dr. Alston a package of vaccine, and it remained unopened until it fell into the hands of his grandson, Dr. Alston, in May, 1869. It was a crust imbedded in wax, and inclosed in a wooden box. Dr. Alston vaccinated his servant with a part of the crust, "and in due time," he writes, "it took effect, leaving a well-defined scar."

NOTE CONCERNING INTESTINAL DYSPEPSIA.—The prescription on page 265 should read "extractum pancreatis," instead of "pancreatin (scales)," and the peptonized milk referred to will, if prepared with Fairchild Brothers & Foster's preparation, be at once ready for assimilation. Their extractum pancreatis is the only one known to me possessing the digestive properties desired and unjustly claimed by other makers.

W. R. D. BLACKWOOD.

COMMENTS BY THE MEDICAL AGE.—Dr. John J. Mulheron, editor of the Medical Age, makes the following comments in the issue of that journal for October 10, 1884, which we append with our thanks.

"The published reports of the movements of Dr. John V. Shoemaker, of THE MEDICAL BULLETIN, during his recent tour of Europe, whither he went to represent the American Medical Association at the meeting of the International Medical Congress, at Copenhagen, show the reception which that gentleman received to have been of a nature seldom accorded an untitled American physician. At London, Glasgow, Edinburgh, Vienna, Berlin, and Paris, he was the recipient of special and marked hospitality from the leaders in medical science, being even wined and fêted, in addition to the spurs which he won in scientific gatherings. Nor did the attention and honors terminate with his European tour. The reports of his triumphs abroad, promptly flashed over the suboceanic cable, having preceded his return, he was received on his arrival at his native city in a manner quite in keeping with his foreign honors. The reception and banquet given him were remarkable for their spontaneous cordiality and costly grandeur, even in Philadelphia, where the profession are such adepts in that sort of thing. We congratulate Dr. Shoemaker on his having secured this early generous recognition of his merits. Without college connection or professional appendix to his name, he has, at an age when most men are content to remain obscure, won for himself a fame for which most men toil and moil in vain for a lifetime. While the foreign honors were, doubtless, partially due to his representative capacity, it must be gratifying to him to know that he received also great attention because of the reputation which had preceded him. Dr. Shoemaker has been in practice barely a decade, and it is hoped that these early honors and spontaneous attentions will not divert his mind from the lofty purpose of showing that they have not been unmerited. We are surprised to see the attempt on the part of such a shrewd and sensible journal as the Peoria Medical Monthly to belittle the honors conferred on Dr. Shoemaker, by insinuating that they were not spontaneous. Has our friend McIlvaine grown jealous?"

THE loss from sickness every year in England and Wales is 20,000,000 weeks' work, or as much as 20,000,000 healthy people would do in a week, or one-fortieth part of the work done in the whole year by the whole population between 15 and 65. The loss of services and time on this account is greater in our Western States from the lack of educated physicians in many districts and the wide consumption of quack medicines.

## Thirty-eighth Annual Meeting of the Camden County Medical Society.

An unusually large number of medical gentlemen met in Camden, N. J., on Tuesday, 11th inst., to attend the thirty-eighth annual meeting of the Camden County Medical Society. Among those present were Dr. Dowling Benjamin, the President of the Society; Dr. H. Genet Taylor, Secretary; Drs. Alexander Marcy, J. M. Ridge, A. M. Mecray, J. Orlando White, E. L. B. Godfrey, O. B. Gross, John W. Snowden, D. P. Pancoast, James A. Armstrong, E. J. Snitcher, W. A. Davis, J. Frank Walsh, S. B. Irwin, C. M. Schellinger, W. A. Hamilton, N. B. Jennings, C. H. Shivers, John R. Stevenson, W. H. Ireland, W. H. Iszard, John W. Donges, H. H. Davis, H. E. Branier, H. A. M. Smith, Edwin Tomlinson, D. W. Blake, E. B. Woolston, H. F. Palen, and others. Among the invited guests were Drs. R. J. Levis, P. D. Keyser, J. V. Shoemaker, and John B. Roberts, of Philadelphia, Franklin Gauntt, President New Jersey Sanitary Association, and D. M. Zimmerman, Secretary Camden and Atlantic Railroad.

The business of the Society was largely facilitated by reports of cases and voluntary communications, etc., being made under sections. From the section of the Practice of Medicine, Dr. J. W. Snowden reported there has been but comparatively little sickness in Camden County during the past summer. The reason for such a marked diminution of sickness upon the advent of summer is not easily explained. The ability of people to avail themselves of the benefit of the open air, together with their roving nature, tends to raise the standard of health in the summer season above that of cold and damp weather. Malarious affections, however, occupy a prominent place in the category of diseases. It is not strange, he said, that such should be the case, for Camden County, being highly cultivated, has large annual deposits of dead vegetable matter, and there being a sub-soil of marl and clay which prevents thorough drainage of the upper soil, the dead vegetable products are kept generally moist and generate malarial germs.

Hypodermic injections of sulphuric ether was recommended in malignant scarlet fever.

Dr. Benjamin, from the section on Surgery, reported a successful operation of a compound comminuted fracture of the skull (see page 297).

Dr. Gross, from the section on Obstetrics, reported a case of Monstrosity, which is noticed elsewhere.

Dr. Pancoast read a paper on Foreign Body in the Uterus (see page 297).

From the Medico-legal section Dr. Charles G. Garrison read a paper on the need of medical experts being called by the court instead of by counsel. This would do away with the apparent discrepancies between medical experts, due to answers to hypothetical cases proposed by counsel.

The cholera question was discussed upon a motion to appoint a committee to submit a plan of action in view of the advent of cholera. The motion was opposed by Dr. Godfrey and others as being premature and tending to excite needless alarm. Such an action at this time, he said, would place us in the character of alarmists. It was urged by Dr. J. B. Roberts, of Philadelphia, in reply, that if the Camden Society could take the initiative in that particular it would confer an inestimable blessing upon the whole country. The indications at this time are of such a character that we may look with certainty for cholera early next year. Dr. Roberts gave graphic descriptions of the places infected with cholera that he visited last summer during his travels in Europe. Dr. Shoemaker spoke with considerable force on the question, and stated it was his belief, from his observations in Europe last summer, that cholera would make its appearance among us next summer. Nothing that could prevent the advent and the spreading of the dreaded malady would be premature or out of place. Dr. P. D. Keyser strongly supported Drs. Roberts and Shoemaker in their remarks, and urged that active measures be taken. Dr. Stevenson stated he had passed through three epidemics of cholera in Camden. Each epidemic appeared at the same place, and he doubted not that cholera would make its first appearance in this city in the identical section in which it appeared in preceding epidemics. Dr. Stevenson urged strongly the adoption of the resolution, and a committee consisting of Drs. Woolston, Stevenson, Benjamin, Gross, Tomlinson, Taylor, and Brauin were appointed.

Last year an epidemic of typhus fever appeared at the Camden County Almshouse. There were in all one hundred and seventeen cases and thirty-five deaths, including Dr. McCollough, Superintendent Wilson, and several

nurses. Dr. H. E. Brauin was the only officer brought in daily contact with the patients, and who passed safely through the epidemic. After many congratulatory remarks commendatory of the course of Dr. Brauin, the following was adopted: The members of the Camden County Medical Society desire to place on record their admiration of the skilful and heroic devotion of Dr. H. Brauin to the victims of typhus fever in the late epidemic at the almshouse.

A recent law in New Jersey provides that every physician must register his diploma in the office of the county clerk in the county in which he practises. The avowed object of this law is to prevent irregular physicians from practising. But its usefulness hinges altogether on its enforcement, and for that purpose the Camden Society appointed a committee to act with the county clerk in enforcing the provisions of the law—the registration of all physicians, and that none practise the healing art without proper license.

After the adjournment of the meeting the members partook of a banquet in the large and elegant dining-rooms of the West Jersey Hotel. Among the toasts proposed were the following: "The Relation of the Germ Theory to Surgery," responded to by Dr. R. J. Levis.

The visitors present being called upon responded as follows:—

The new discoveries in ophthalmology, by Dr. P. D. Keyser, who carefully reviewed many advancements made in this important branch, and spoke at length of the utility and advantage in using for certain operations of the eye the hydrochlorate of cocaine.

The medical profession abroad, by Dr. John V. Shoemaker. The speaker stated, in opening his remarks, that there were only two places that he yearned to visit every year, the annual banquet of the Camden County Medical Society, to renew old friendships, and learn, as he always has, practical lessons from those men of experience with whom he came in contact on these occasions. The second desire, in fact, a yearning, was to again visit Europe and mingle with the English, French, German, and Danish physicians, who had all vied with each other at the recent medical meetings in their respective centres in showing attention to the American physicians. He urged each and every member to endeavor to go at some future time to the annual gathering of the British Medical Association which they would heartily enjoy.

Medical education, by Dr. John B. Roberts. The present system of medical education was considered in detail, and the sound and logical views of Dr. Roberts on the formation of examining boards, who should license physicians to practise in place of the colleges was received by a round of applause. In the course of his remarks he referred to the important resolution introduced by the President of this Society, Dr. Benjamin, at the last meeting of the American Medical Association, for a reform in medical education, and its happy reception by the profession all over the country.

Surgery, by Dr. R. J. Levis, who gave some practical views on the antiseptic treatment of wounds and various surgical affections by corrosive sublimate and carbolic acid dressings. He also referred to the great value of the hydrochlorate of cocaine in operations of the eye, citing a number of cases in which it had been used with decidedly good effect.

Sanitation in New Jersey, by Dr. Franklin Gauntt, included a most valuable and interesting account of the management of malaria and typhoid fever by proper and well-regulated sanitary laws.

The President, Dr. Benjamin, Dr. John W. Snowden, Dr. H. Genet Taylor, and other members followed with pleasing after-dinner remarks, after which the society adjourned with gratifying recollections of the annual gathering of 1884.

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Jamaica Dogwood as an Application to Burns.—Dr. Shepard states that Jamaica dogwood is an excellent application for burns from hot steam or boiling water. His mode of application is to saturate a cloth with the fluid extract and bind it loosely on the burnt parts. Keep moist by frequent applications.

How to Take a Pill.—Having noticed that if a person at meals inclined the head backward, as in laughing, while there was food in the mouth, they were pretty certain to be strangled from "the food going the wrong way," I instructed those of my patients who had difficulty to swallow pills, to *keep* the head in the position they would if eating and swallowing at the table—that is, the head inclined forward, the chin near the breast—and *keep* it in that position. If a small portion of the saliva be on hand, or a small quantity of water taken after the pill is put in the mouth, it will surprise the patient and gratify the doctor to witness the facility with which it will be swallowed. To direct the patient to keep his eyes on his toes, I have found a help to keep the head in the proper position.

# NEW INVENTIONS.

## *SELF-MEDICATION IN THE TREATMENT OF NASAL AFFECTIONS.*

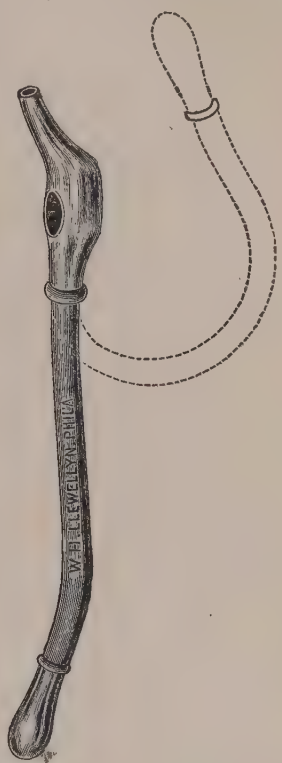
INTRODUCING A NEW INSTRUMENT FOR THE USE OF PATIENTS.

BY CHAS. E. SAJOUS, M.D.,

Instructor of Rhinology and Laryngology in the Post-Graduate Course of Jefferson Medical College, etc.

THE reputation of incurability which a so-called chronic nasal catarrh enjoys when treated medicinally, is apparently due to the resisting power the affection possesses against medicinal action. But in reality, it can be ascribed to the want of proper appreciation of the fact that in order to obtain satisfactory results in the local treatment of affections of the nasal cavities and all parts pertaining to them, it is as essential as in the treatment of diseases of other organs—the stomach, liver, etc.—that the agent used be administered sufficiently often to insure continued action. The usual practice of applying an astringent every other day can be no more efficient than an astringent pill administered every other day in a case of diarrhœa. The action is maintained for say four hours, and the mucous membrane is left to itself for the next forty-four.

Many reasons can be adduced to account for the origin of this "long interval" medication. Few if any patients could be persuaded to call on their physician three or four times daily, and still, some dexterity being required to make the application properly, a successful result would render such numerous visits a necessity. This being out of the question in the great majority of cases, an every day treatment is the next best arrangement, which in most cases has to be reduced to the every other day system on account of the patient's pecuniary circumstances. As a natural deduction, it would seem evident that only those endowed with wealth can receive the benefits of a thorough treatment. Such is not the case, however. A patient can be taught to treat himself if the instruments are simple in construction and the parts easily reached. I have tried this plan not only for the anterior nasal cavities but also for the pharyngeal vault, and the results have been most satisfactory. Sprays, cotton pledgets, etc., can be used for the application of liquids, while the little instrument shown in the annexed cut and made for me by Mr. W. Llewellyn, druggist, of this city, can be employed when insufflations of powdered medicines or the fumes of volatile drugs are indicated. It has proven itself of such value that I think it worthy of being presented to the profession.




It consists of a piece of glass tubing two inches long, slightly bent and expanded in the middle. The upper surface of the expanded portion has an opening for the introduction of the powder, while the lower surface is flattened and roughened to insure better hold. One end of the tube is free and smooth so as to enter the nostril freely, while the other is connected with a piece of rubber tubing furnished with a flattened mouth-piece. When an application is to be made the powder is introduced in the expanded portion of the tube through the aperture, and the latter is closed with the index finger, the thumb resting on the roughened surface below. The tip being then inserted in one of the nostrils and the mouth-piece in the mouth, two or three light puffs will propel the powder and distribute it over the surface of the mucous lining. If the patient be a child the mouth-piece can be used by an healthy attendant. It combines the advantages of Pomeroy's, Buttles', and Bryant's

insufflators with that of being available for children, through the addition of the rubber tubing.

This method of applying powders to the nasal cavities is far superior to that usually resorted to—snuffing. When a powder is snuffed, its distribution over the surface is limited to the course of the inspired current of air, thus covering the most pervious part of the nasal cavity, probably the least in need of treatment, and leaving the most affected portions untouched. The effect will be the same with any insufflator, when not properly manipulated. Merely blowing its contents into the cavity will naturally cause the powder to be deposited over a limited surface, but if instead of one puff this be divided into three or four light ones, altering the direction of the instrument with each, the area covered will be much increased and comprise the entire surface of the cavity if the applications are properly conducted.

It can also be used with advantage to insufflate the fumes of volatile substances. A piece of absorbent cotton the size of a small chestnut is introduced through the aperture on the upper surface and a few drops of the agent used are poured on it. The aperture is then closed with a stopper and the instrument is manipulated as for powders, the insufflations being prolonged and repeated.

Applied in this way, the emanations of volatile drugs are distributed throughout the nasal fossæ in a more effective manner than when inhaled, the respiratory current not interfering with the dissemination of the vapor. The act of blowing through the mouth necessitating close adaptation of the soft palate to the wall of the pharynx, the isthmus is tightly closed, and the nasal cavities are completely isolated. They can thus be filled with the fumes of the drug used, and the contact of the latter with the membrane can be prolonged for a considerable time by continuing to breathe through the mouth. An advantage accompanying these auto-insufflations is that the current of air acting as a propelling agent is well prepared to meet the inflamed surfaces, being supplied with heat and moisture and absolutely free of extraneous particles.

In the treatment of catarrhal affections of the Eustachian tubes, its value can hardly be over estimated. By closing the nostrils tightly with the fingers, the tip of the instrument being inserted on either side, inflation of the tubes can not only be performed, but these can be kept open and exposed to the effects of the medicinal vapor for a considerable time at each sitting by continuing the expiratory effort acting as mechanical force, as long as possible, *i. e.*, until the breath is exhausted. This is repeated several times in succession. Renewed two or three times daily, this procedure leads to a much more rapid recovery than by the methods usually employed.

Separated from the rubber tube, the insufflator can be conveniently used as a pocket inhaler for the treatment of laryngeal affections.

1630 Chestnut Street.

## *IRRITATION OF THE SKIN*

### FOLLOWING THE APPLICATION OF VASELINE AS A SURGICAL DRESSING.

BY A. W. MAYO ROBSON, F.R.C.S.,
Surgeon to the Leeds General Infirmary.

On several occasions within the last two years I have, both in private and in hospital practice, noticed that severe inflammation of the skin has been set up by the application of vaseline as an ointment, which has subsided on applying some other simple dressing. The following examples will serve as illustrations:—

Case 1. Mrs. S. attended as an out-patient at the Leeds Infirmary for simple ulcer of the leg, for which a Martin's bandage was ordered to be worn during the day, and vaseline to be applied at night. On her next visit she complained of severe burning in the leg, which was covered with eczema for two inches round the ulcer. The patient was advised to rest and to stop applying the bandage, but to continue the vaseline. On her next visit the inflammation had extended over the whole leg. I now thought it might be due to the vaseline, and ordered zinc ointment, which rapidly cured the irritation and enabled the bandage to be worn again, which soon cured the ulcer.

Case 2. W. C., aged eight, was brought to my rooms suffering from ophthalmia tarsi, for which I ordered yellow oxide of mercury with vaseline. On the next visit the eyelids were swollen and œdematous, so that the eyeballs could not be seen. I ordered the lids to be washed and simple olive oil to be applied. Two days afterwards, the swelling having subsided, I again ordered yellow oxide of mercury and lard as an ointment, and soon cured the case.

CASE 3. A. Q., aged four, was brought to my rooms suffering from a wound of the forehead, which was strapped but did not heal by first intention. After a week vaseline was applied; within twelve hours the forehead was covered with small blisters and the skin became brawny. On discontinuing the ointment and applying some other simple dressing the irritation soon subsided.

CASE 4. A. B. was admitted under my care into the infirmary suffering from scalds of the legs. Vaseline was applied and produced severe irritation, which subsided on its discontinuance.

CASE 5. C. B., aged seventeen, was admitted into the infirmary suffering from a smashed leg, for which I performed primary amputation. Near the termination of the case, the granulations being feeble, red lotion was used and vaseline was applied on lint over the lotion to prevent evaporation. It did very well for some time and was healing rapidly until one morning, on my ward visit, I found the sore inflamed and the adjoining skin œdematous. I could find nothing to account for this, as the same dressing was being used that had been employed for at least a fortnight, until the nurse told me she was using some fresh vaseline, which had a greenish color, but was said to be very pure. On discontinuing this the inflammation subsided and the sore again began to heal.

I need not enumerate any more cases, but I have no doubt other surgeons will have had the same experience. In the above examples I suppose the irritation may have been due to some impurity in the vaseline, as, if pure, it should be a perfectly bland preparation. But it may be that some skins present the same idiosyncrasy to preparations of vaseline as others do to any application of tar, and this seems to me more likely, since whilst the same vaseline was used in many other cases without producing irritation, in these exceptional cases severe dermatitis was set up.—*London Lancet*, November 8, 1884.

[Dr. John V. Shoemaker pointed out, in 1880, the irritating action of vaseline and all petroleum products applied to the skin. In 1879, in a paper read before the Medical Society of the State of Pennsylvania, and again, at the meeting of the British Medical Association at Belfast, this year, he again made similar statements, which were verified by abundant clinical experience.]

## *OUR ADVERTISERS.*

HORSFORD'S ACID PHOSPHATE *vs.* DILUTE PHOSPHORIC ACID.—Dr. T. D. Crothers, Physician and Superintendent of Asylum at Walnut Lodge, Hartford, Connecticut, for the treatment of Inebriates and Opium Cases. After a series of comparative studies of the effects of Horsford's Acid Phosphate and the Acid Phosphoric of the U. S. P., states as follows, viz: —

*First.*—Horsford's Acid Phosphate is a remedy of great value in Inebriety and Opium taking, particularly in building up functional energy and brain force.

*Second.*—It exceeds the U. S. P. Acid in every case where this may be indicated.

*Third.*—As a nutritive medicine, so far it seems unequalled in its power of restoring the building up forces of the body.

LACTOPEPTINE.—We have used *Lactopeptine* somewhat extensively in our practice, and cordially commend it in those conditions of the stomach and intestines, in which the disturbance is due to a deficiency of the principles which this compound contains. It will be found serviceable in the treatment of summer complaint, indigestion, etc.—*Michigan Medical News*.

TONGALINE.—C. W. Prindle, M.D., of Grand Rapids, Michigan, adds, "Have used Tongaline extensively in all forms of neuralgia and rheumatism, finding it a safe, easy, and efficient remedy; for all the cases of neuralgic or rheumatic pains accompanying the colds that predominate in this damp and malarial region, it seems to be a specific. I take pleasure in recommending it to the profession."

HYDROLEINE.—Messrs. William F. Kidder & Co., of New York, deserve commendation for the introduction of their Hydrated Oil or "Hydroleine." It is being used and recommended by many hospitals both of this country and abroad, and seems to have received almost universal praise.

The only apparent objection that could be raised against this preparation was its price, which has recently been obviated by the manufacturers, who have increased the size of their bottles just one-half without raising the price.

The action of hydroleine on digestion is said to be quite beneficial by its assisting the liver in its functions, thus even preventing unpleasant eructations. The cod-liver oil used is

of the purest quality is present in large quantities, and thoroughly digested by pancreatin.

THE PEPTONIZED COD-LIVER OIL AND MILK, prepared by Reed & Carnrick, of New York, is not strictly an emulsion, since the oil and milk are entirely digested, thus rendering it very palatable and easy of assimilation. In fact, it is so pleasant to the taste that many physicians prescribe it for delicate patients as a preparation of cream.

Owing to the large amount of cod-liver oil it contains (52 per cent.), and the readiness with which it is absorbed, it increases the weight of the patient out of all proportion to the amount of the preparation taken. It seems to have a beneficial effect on the stomach, while the ordinary emulsions are principally objectionable on account of their not being well borne. It costs no more than the plain emulsions.

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PILOCARPIN IN ERYSIPELAS.—During a recent lecture, Professor J. M. Da Costa called the attention of the class to a new method of treating erysipelas by hypodermic injections of pilocarpin. This method, though new to the profession, has been used at various times during the last five years by Professor Da Costa with good results. In the case presented before the class the action had been marvellous. The patient was admitted to the hospital two days before with a rapidly developing erysipelatous inflammation, due to a bruise received the previous night in a political altercation. His eyes were completely closed, his face was much swollen, red, and burning, and his temperature 102.8°. In addition, he had slept out all night exposed to the weather, and had evidently imbibed a superabundance of alcohol. It seemed to Professor Da Costa that the chloride of iron treatment would be too slow in a case of this kind, so rapid in its progress, especially as it was one of the type in which cerebral complications are liable to occur. He accordingly ordered pilocarpin gr. $\frac{1}{6}$, to be injected hypodermically. The result was more gratifying than had even been anticipated. In a short time profuse sweating began, which lasted for an hour and a half. During the sweating, the temperature fell to 99°. The further development of the inflammation was stopped. The effusion rapidly subsided, and when the patient appeared before the class there was not a trace of the disease left.

## *BALTIMORE NOTES.*

EDITED BY

HERBERT HARLAN, A.B., M.D., Cor. Sec'y Alumni Association of Univ. of Md., Ass't Surgeon at Presbyterian Eye and Ear Hospital, and Ass't Dem. of Anatomy, Univ. of Md.; and HIRAM WOODS, A.M., M.D., Ass't Surgeon at Presbyterian Eye and Ear Hospital, Chief of Clinic on Dermatology, Univ. of Md., etc.

Baltimore has not escaped the hydrochlorate of cocaine furore which has been setting the medical world wild since Dr. Noyes wrote his letter from the Ophthalmological Congress at Heidelberg. It was only after two weeks and the most strenuous efforts that Baltimore doctors could obtain any of the drug,* but since doing so they have made the most of it. The oculists have used and reported its use in almost every operation in ophthalmology. The laryngologists and gynæcologists have used it to a limited extent, and one enthusiastic obstetrician reports its use to the os uteri and vagina in a case of labor. All agree that its discovery is the greatest of the recent advances in medicine.

The honor of discovery of this new local anæsthetic is due to Dr. Koller, a young medical student, still engaged in his studies at Vienna. A few drops applied to an injured eye allays the pain, produces immediate insensibility of the parts, and enables the surgeon to operate with success. It has also been used in the opening of felons, for sensitive throat, etc.

The bi-weekly clinics at Bay View are a great success both in regard to material and attendance of students. The weather, however, has so far been exceptionally favorable to them.

The new Presbyterian Eye, Ear, and Throat Hospital was formally opened for inspection November 11 and 12. It is very complete, has about sixty beds, and a large number of very handsomely-furnished private rooms for pay patients. The resident physician has not yet been appointed.

A Bay View delegation, consisting of the full resident staff, appeared in the Cleveland and Hendrick's parade on the 11th ult. The College of Physicians and Surgeons had about two hundred of their students in line.

Dr. John N. Mackenzie will deliver a lecture on December 4, at the Peabody Institute, on the Mechanism of the Voice.

Dr. Gertrude Scott, late assistant to Dr. B. B. Browne at the Baltimore Polyclinic, has gone to New York.

Dr. John W. Hocking (Class or '84), who took the surgical prize at the University of Maryland, has bought the property and practice of the late Dr. Ward at Govanstown, Md. He is already enjoying the confidence of the community and a good practice.

We notice the Atlantic Journal of Medicine of Richmond, Va., has republished from the columns of THE MEDICAL BULLETIN Dr. Chisolm's article on "Taking a Squint to Improve Vision," thus giving an extended circulation to a very meritorious paper.

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* It is imported by Mariani & Co., No. 19 E. Sixteenth Street, New York, who will send GRATIS a treatise on the history botany, and culture of the plant and its alkaloid.

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